

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/OD/YYYY) 3/12/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
_	DUCER	311(0		CONTACT Avril Buncome-Maynard							
Theodore Tunick & Company						NAME: AVIII Suncome - NAME: PHONE (340) 776-7000 (AC, No, Ext): (340) 776-5765					
The Tunick Building, Suite 300						E-MAIL ADDRESS; abuncome-maynard@theodoretunick.com					
1336 Beltjen Road						INSURER(S) AFFORDING COVERAGE					
St. Thomas VI 00802					INSURER A Tyser & Co. Ltd.					NAIC #	
INSURED											
Blue Water Construction					INSURER B:						
6501 Red Hook Plaza Suite 201										1	
					INSURER D:						
St. Thomas VI 00802					INSURER E:						
COVERAGES CERTIFICATE NUMBER:CL1831208						INSURER F: 903 REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD											
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS											
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,											
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE INSR WYD POLICY EFF POLICY											
INSR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MMIDDIYYYY)	ЦМІТ	8		
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY		1				10 10 10010	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
A	CLAIMS-MADE X OCCUR	X		NA170524		10/2/2017	10/2/2018	MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	S	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMPIOP AGG	\$	2,000,000	
_	X POLICY PRO-							221200 - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII - VIIII - VIII	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	5		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS NON-OWNED		8 (BÖDILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-UWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTIONS								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	· · · · · · · · · · · · · · · · · · ·	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
									90.0		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (Attach	ACORD 101, Additional Remarks	Schedu	le, if more space	is required)				
	., LLC is provided addition pects to General Contracti		ins	ired status when i	edur	red by wi	itten cor	itract or agreeme	nt w	1.th	
Les	paces to General Contracti	ng.									
CER	RTIFICATE HOLDER		CANO	CANCELLATION							
			Ortice	7.113 Washing 1.11V/3							
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
GEC, LLC						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
						ACCORDANCE WITH THE POLICY PROVISIONS.					
PO Box 1656 Kingshill					AUTHORIZED REPRESENTATIVE						
	St. Croix, VI 00851										
					Mark Robertson/ALIBUR						